



shawnee  
baptist church

# SBC Youth Conference Delegate Registration Form

Shawnee Baptist Church | 2214 Bank Street | Louisville, KY 40212 | 502.775.8431 | Email: brenda@sbcyc.com | sbcyc.com

Name \_\_\_\_\_ Male  Female   
Last First Middle

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Class of: 2 0

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Area Code & Number

Parent's Name & Address (if different than above) \_\_\_\_\_

Church \_\_\_\_\_ Pastor \_\_\_\_\_

\*\* I agree to abide by ALL conference rules & dress code. I will be 'willing' and cooperative in all areas. I understand violation to comply may result in dismissal from the conference.

Delegate/ Counselor Signature \_\_\_\_\_

## Medical Form

**PARENTS & COUNSELORS:** all information must be accurately filled in to complete registration.

Any medical allergies? (penicillin, etc) \_\_\_\_\_

Food allergies? \_\_\_\_\_ Skin diseases? \_\_\_\_\_

Any other pertinent information regarding: Heart \_\_\_\_\_

Lungs \_\_\_\_\_ Throat \_\_\_\_\_ Ears \_\_\_\_\_

Other \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Insurance company \_\_\_\_\_ ID Number \_\_\_\_\_

Insurance company's address \_\_\_\_\_

In case of accident or other emergency, I hereby grant my permission to have the Shawnee Baptist Church staff authorize medical attention by a physician or hospitalization of delegate as necessary. I do not hold Shawnee Baptist Church or any staff responsible for any accident or injury that should occur. (The Shawnee Baptist Church staff will notify you immediately of any such occurrence.)

Parent / Guardian's Signature \_\_\_\_\_  
Signed Printed Dated